

216005418
80347

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 085	Agency Case No. B6-009737	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1							
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 02/03/2016		TIME OF ACCIDENT 1825	STATE USE ONLY								
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1827	02/03/2016								
B	25	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. D St/Goodhue Blvd			ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE							
C	4	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE							
D	1	IF AT INTERSECTION NAME OF INTERSECTING ROADWAY D St/Goodhue Blvd											
V1/M	06	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN											
V2/M	01	MILES N S E W AND MILES N S E W OF NEAREST CITY OR TOWN											
E	2	R. WORK ZONE CODES 1	R2	R3	R4	S. PEDESTRIAN CLASSIFICATION CODES S1 S2 S3 S4 S5-a S5-b S6-a S6-b							
DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO													
VEHICLE NO. 1													
F	4	DRIVER LICENSE NO.	G02018166	STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE							
V1/N	5	DRIVER	ROSE M SCHAEFER	PHONE	402-730-9217	LOCAL NO.							
V2/N	5	DRIVER ADDRESS	7534 PHARES DR, LINCOLN, NE 68516	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	11/25/1949							
G	2	OWNER	STEVEN J SCHAEFER / Rose M Schaefer	PHONE	LOCAL NO.	10-18-1950							
H	5	OWNER ADDRESS	7534 Phares, Lincoln, NE 68516	CITY, STATE, ZIP	CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO. LB505012							
V1/O	2	LICENSE PLATE PA NO.	RUW824	YEAR (Plate Expires)	2016	STATE (Of Plate) NE							
V2/O	2	VEHICLE	2008	MAKE	Honda	MODEL	Accord	BODY STYLE	4 door Sedan	COLOR	silver / chrome	ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 2000
V1/O	2	VEHICLE ID NO. (VIN)	JHMCP26438C046588	INSURANCE COMPANY			Farmers Mutual						
V2/O	2	TOWED TO	TOWED BY			POLICY NO.	AU352837						
VEHICLE NO. 2													
I	1	DRIVER LICENSE NO.	H12801702	STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE							
V1/P	1	DRIVER	JESSICA PEREZ	PHONE	402-612-6607	LOCAL NO.	04-03-1985						
V2/P	1	DRIVER ADDRESS	2433 E ST APT 1, LINCOLN, NE 68510	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	04/03/1985							
J	02	OWNER	ASENCION L LEMUS	PHONE	402-802-1610	LOCAL NO.	04-28-1987						
V1/Q	4	OWNER ADDRESS	2433 E St #1, Lincoln, NE 68510	CITY, STATE, ZIP	CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.							
V2/Q	4	LICENSE PLATE PA NO.	TZN615	YEAR (Plate Expires)	2016	STATE (Of Plate)	NE						
V2/Q	4	VEHICLE	2001	MAKE	Chevrolet	MODEL	Cavalier	BODY STYLE	4 door Sedan	COLOR	green	ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 2000
K	02	VEHICLE ID NO. (VIN)	1G1JC524517199413	INSURANCE COMPANY			Progressive						
		TOWED TO	TOWED BY			POLICY NO.	907682906						
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)													
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F				
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.									
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F				
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.									
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F				
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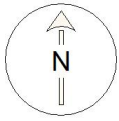
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B6-009737

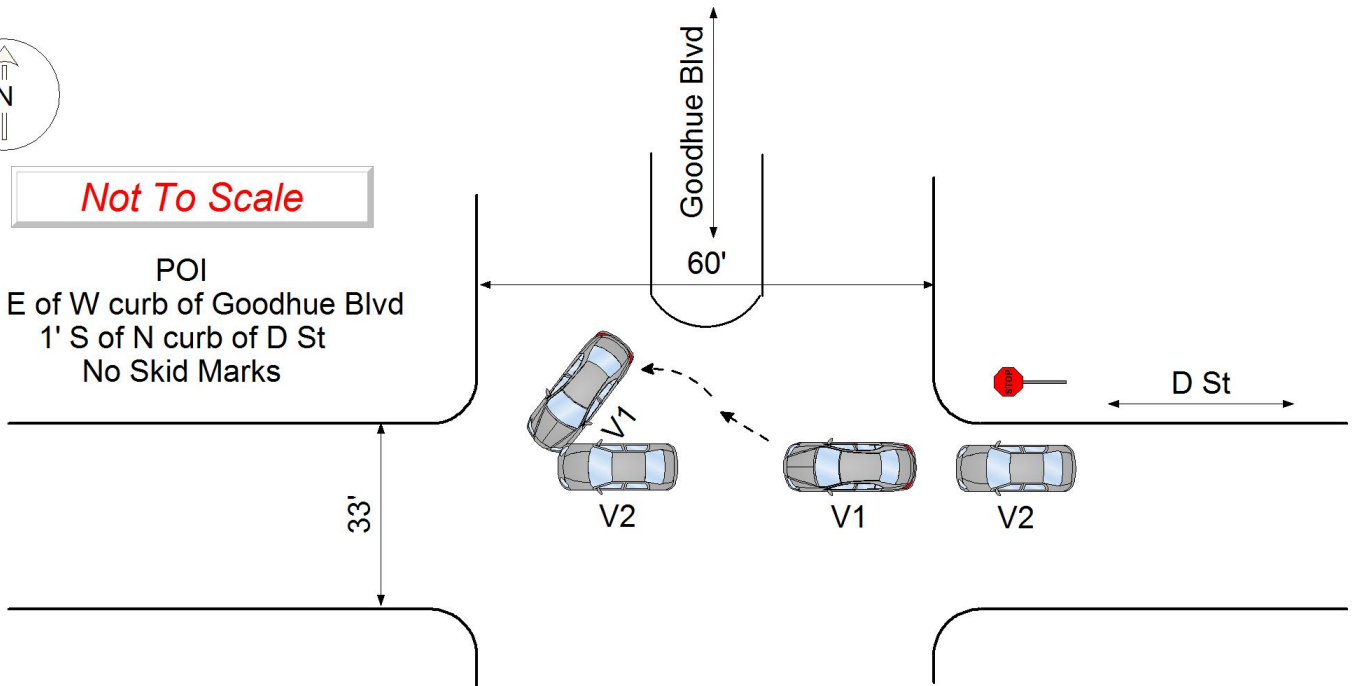


Indicate
North
by Arrow



Not To Scale

POI
20' E of W curb of Goodhue Blvd
1' S of N curb of D St
No Skid Marks



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

V1 was WB on D St/Goodhue when D1 realized that she needed to go EB on D St. V1 made a UTURN in the middle of the intersection. V1 was about half way through the UTURN when V1 collided with V2. V2 WB on D St and was behind V1. D2 observed V1 to make the UTURN and attempted to slow down. The roads were icy, preventing V2 from stopping.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME ADDRESS PHONE				
	NAME ADDRESS PHONE				

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <small>(Enter numbers for each vehicle)</small>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS					
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME												
1				X	D St/Goodhue Blvd												
2				X	D St/Goodhue Blvd												
1	07			06 Turning left													
2	01			08 Entering traffic lane													
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>01 Essentially straight ahead</p> <p>02 Backing</p> <p>03 Changing lanes</p> <p>04 Overtaking/ Passing</p> <p>05 Turning right</p> </div> <div style="width: 45%;"> <p>09 Leaving traffic lane</p> <p>10 Parked</p> <p>11 Slowing or stopped in traffic</p> <p>12 Other</p> <p>13 Unknown</p> </div> </div>						<p>00 None</p> <p>09 Top & windows</p> <p>10 Undercarriage</p> <p>11 Total (all areas)</p> <p>12 Other</p>		<p>01</p> <p>02</p> <p>03</p> <p>04</p> <p>05</p> <p>06</p> <p>07</p> <p>08</p>		<p>1 Deployed - front</p> <p>2 Deployed - side</p> <p>3 Deployed - both front/side</p> <p>4 Not deployed</p> <p>5 Not applicable/ No airbag available</p> <p>6 Unknown</p>		<p>1 None used - vehicle occupant</p> <p>2 Lap & shoulder belt used</p> <p>3 Shoulder belt only used</p> <p>4 Lap belt only used</p> <p>5 Child safety seat used</p> <p>6 Child booster seat used</p> <p>7 DOT approved helmet used</p> <p>8 Costume helmet used</p> <p>9 Restraint use unknown</p>		<p>1 Driver No. 1</p> <p>2 Driver No. 2</p> <p>3 Pedestrian</p>		<p>1 Driver No. 1</p> <p>2 Driver No. 2</p>	
<p>01</p> <p>02</p> <p>03</p> <p>04</p> <p>05</p> <p>06</p> <p>07</p> <p>08</p>						<p>01</p> <p>02</p> <p>03</p> <p>04</p> <p>05</p> <p>06</p> <p>07</p> <p>08</p>		<p>4</p> <p>4</p> <p>4</p> <p>4</p>		<p>2</p> <p>5</p> <p>5</p> <p>5</p>		<p>1</p> <p>1</p> <p>1</p> <p>1</p>		<p>1</p> <p>1</p> <p>1</p> <p>1</p>			

OFFICER NO. 1748	TROOP/ TEAM/ BEAT 11	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Briana Gaston		INVESTIGATOR SIGNATURE Approved by Officer Briana Gaston	DATE OF REPORT 02/03/2016